



affordable housing alliance

Hope. Strength. Community.

732-389-2958 • info@housingall.org

3535 Route 66 Parkway 100, Building 4 • Neptune Township, NJ 07753

October 15, 2018

Ms. Melissa Pearce
Interim Executive County Superintendent
Hudson County Office of Education
830 Bergen Ave.
Suite 7B
Jersey City, NJ 07306-4507

RECEIVED

NOV 27 2018

HUDSON COUNTY
OFFICE OF EDUCATION

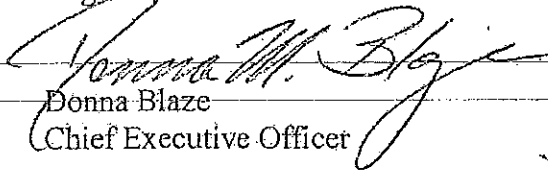
Dear Superintendent,

The Affordable Housing Alliance (AHA) has been providing housing and other support services for over 25 years in New Jersey. Utility assistance is one of the support services which AHA has been administering for over eight years. This letter is to inform you that funds from Payment Assistance for Gas and Electric (PAGE) are available to help our fellow NJ residents who are struggling to keep up with their utility bills. PAGE program is uniquely designed to help working, moderate-income families so that they don't have to choose between food and utilities, both of which are basic life necessities. We find that such families often think they are over income for any assistance programs. But that is not the case. A family of four making up to \$113,000/year can still qualify for up to \$1,500 in utility assistance.

We are seeking your support to help spread the word about PAGE to your students and their families. Your office can be instrumental in helping increase program awareness and ultimately helping families in need. We are hoping that you can include PAGE program to any assistance information that you currently share with your student body. Such as adding PAGE to your website or in information packages sent to kids, etc. Note that there are AHA and Affiliate offices located in most counties to serve clients. AHA also schedules outreach events throughout the state to help residents complete applications. Please visit www.njpoweron.org for both office locations and outreach events in your area.

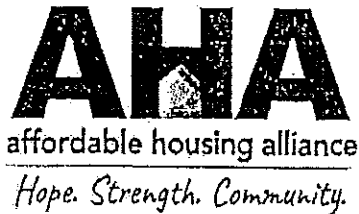
For further information on the program or to discuss ways to best promote the program within your district please contact Kathy Kerr, Utility Dept. Director. Tel: 732 982 8691, Email:aha-utilitydirector@housingall.org.

Regards,


Donna Blaze
Chief Executive Officer

WWW.HOUSINGALL.ORG

"The Alliance mission is to improve the quality of life for all NJ residents by developing and preserving affordable housing, by providing services to maintain housing affordability, by providing housing education, and by helping communities meet their legal and moral housing obligations."



Office Use Only:
Valid only October 1, 2018
through
September 30, 2019

Minimum Eligibility Requirements for the PAGE Program

Applicants who wish to apply **MUST** meet all of the following criteria
Annual income per client/household size during months LIHEAP is available for enrollment

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Minimum Annual Income	\$24,300	\$32,940	\$41,580	\$50,220	\$58,860	\$67,500	\$76,140	\$84,780	\$93,420
Maximum Annual Income	\$58,941	\$77,078	\$95,213	\$113,350	\$131,487	\$149,622	\$153,023	\$156,425	\$159,827

Annual income per client/household size during **SEPTEMBER ONLY**
(when LIHEAP is **NOT** available for enrollment)

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person
Minimum Annual Income	\$21,264	\$28,824	\$36,384	\$43,944	\$51,504	\$59,064	\$66,624	\$74,184	\$81,744
Maximum Annual Income	\$58,941	\$77,078	\$95,213	\$113,350	\$131,487	\$149,622	\$153,023	\$156,425	\$159,827

*****Eligibility Notice: Households applying for PAGE that have \$15,000 or more in liquid assets (savings, stocks, bonds etc.) will be deemed ineligible for benefits*****

PAGE Program Requirements

- 1- Demonstrate that gas and/or electric account is currently past due, and/or has received a disconnection notice, and/or service has already been disconnected.
- 2- Demonstrate that 2 payments of at least \$25 or more each have been made within the past 6 months onto the gas and electric account. At least 1 of those payments should have been made 10 days prior to the date of application OR a \$75 good faith payment has been made to each utility within the past 90 days (\$150 if you have a gas and electric combined account)
- 3- Must not currently be applying for, receiving or have received any benefit through the LIHEAP program within the current heating season. Must not currently be receiving a USF benefit.



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REQUIRED DOCUMENTS FOR THE PAGE APPLICATION

Please complete this application in its entirety and provide COPIES of the following documentation:

- 1) Social security cards for all members of your household.
- 2) One valid form of NJ ID such as: valid driver's license, ID card issued by federal, state or local government agencies, U.S. Military or Veteran ID card, or voter's registration card of the primary applicant with current address.
- 3) Proof of gross income within the past 60 days for all members of your household age 18 and over for four consecutive weeks. Pay stubs: If paid bi-weekly- 2 consecutive stubs. If weekly- four consecutive stubs. Social Security of any kind- current year award letter or current bank statement. Pension- current pension statement or previous year 1099. Unemployment- Benefit determination letter, or Loops letter from unemployment office or latest four consecutive receipts showing the amount and date paid. Child support, alimony, TANF, GA and any other state benefits are all considered income and an updated awards letter must be provided. Business income: Schedule C from previous year's taxes showing profit/loss Rental income: Schedule E from previous year's taxes showing rental profit/loss. Zero Income- anyone in the household 18 and over who has no income to report, must write a letter stating "I have no income" and it must be signed and dated by that person. However, if a member is a full time student (minimum of 12 credits), school schedule showing member's name, credits and enrolled in the current semester will be acceptable.
With the exception of Social Security income and in some cases pensions, please note bank statements are not acceptable for proof of income
- 4) Proof of Residence: If you own a home please provide a copy of your deed, current year property tax statement or current mortgage statement. If you rent, please provide a copy of your current lease. If you do not have one, a current letter from the landlord indicating the address and occupancy status must be submitted. Please visit our website for a "Tenant Verification Form".
- 5) Past 6 months of payment history from each utility (previous 6 months of bills or payment history statement from utility company showing a breakdown of payments made each month)
- 6) Your most recent electric bill and/or gas bill with your current address. Household member's name must be on bill.
- 7) First and second page of your previous year's tax return 1040 and for anyone 18 and over in your household (and any additional income schedules and/or 1099 for pension and IRA distributions if applicable). Second page must be signed if self-prepared. (Handwritten tax returns are not acceptable).

PLEASE NOTE: Additional documents may need to be requested once your application is reviewed. Please make sure the application is fully completed, signed and submitted with all required documents. Incomplete applications will not be processed. Applications can be mailed, scanned/emailed, submitted online or dropped off in person. Faxed applications will only be accepted if they are legible.

Affordable Housing Alliance 59 Broad Street Eatontown, NJ 07724

Phone: (732) 982-8710

www.njpoweron.org



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AHA OFFICE LOCATIONS:

Eatontown: 59 Broad Street

Neptune: 3535 Route 66, Parkway 100 Complex, Building 4

Freehold: 20 Gibson Place, Suite 200

PAGE PROGRAM AFFILIATE AGENCIES

<u>Agency Name</u>	<u>County Served</u>	<u>Phone Number</u>
Hammonton Family Success Center AtlantiCare Behavioral Health	Atlantic	609-567-2900
Family Success Center of Cape May County BEOF	Cape May	609-778-6226
Greater Bergen Community Action	Hudson	201-437-7222
Center for Family Services	Bergen	201-488-5100
Project Self-Sufficiency	Camden	856-964-1990
Samaritan Inn	Sussex & Warren	1-844-807-3500
Family Promise of Sussex County	Sussex	973-940-8872 & 24 Hr. Hotline 1-877-827-8411
Morris County Organization for Hispanic Affairs	Sussex & Warren	973-579-1180
Mercer County Hispanic Association	Morris	973-644-4884 973-366-4770 x10/11
Hispanic Family Center of Southern New Jersey	Mercer	609-587-8800
People for People Foundation	Camden, Gloucester	Camden Offices 856-541-2717 or 856-963-0270 Gloucester Office 856-848-7150
PACO	Gloucester, Cumberland, Salem, Atlantic & Cape May	856-579-7561
Puerto Rican Action Board	Hudson	201-217-0583
Resources for Independent Living	Middlesex	732-828-4541
Jewish Renaissance Foundation	Burlington (Clients with disabilities only)	609-747-7745
New Community Corp. Family Resource Center	Middlesex County	732-324-2114 x 131
Essex County Division of Community Action	Essex County	973-585-9650
Homefirst Interfaith Housing & Family Services, Inc.	Essex County	973-395-8350
New Destiny Family Success Centers	Union County	Plainfield 908-753-4001 Linden 908-753-4001 Hillside 908-409-2962
United Community Corporation in Newark	Passaic	973-278-0220 (walk-in hours appointment only)
	Essex	973-642-0181

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PAGE ENERGY ASSISTANCE APPLICATION

Last Name: _____ Soc. Sec. No: _____
 First Name: _____ Home Phone: () _____
 Home Address: _____ Cell Phone: () _____
 PO Box or Apt. No.: _____ Email: _____ County: _____
 City: _____ State: _____ ZIP: _____

Household Members: First Name, Middle Initial and Last Name of <i>everyone</i> who resides in household including applicant	Social Security # of <i>everyone</i> who resides in the household including applicant	Date of Birth	Relationship to Applicant
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Household Income: please list all income Name of Income Earner	Gross Amount	Pay Cycle (weekly, biweekly, etc.)
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Sources of Income; (check all applicable)

Employment Unemployment Child Support Alimony Worker's Comp. Disability Social Security

Family Contributions Other (specify): _____

Do you have any assets other than a home that totals more than \$15,000? Savings CDs Money Market

Stocks/Bonds *Please see requirement page for additional details*

How did you hear about us? Direct Mail Friend/Family Legislative Office Local Agency Newspaper Radio

TV Search Engine Utility Company Other

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Check here if your utility service is currently disconnected: Natural Gas Electric

What is your temporary emergency? (check all applicable)

Job Loss Medical High Energy Cost Loss of Income Other
(specify): _____

Assistance Type:

Natural Gas Electric Natural Gas and Electric

Name of Electric Company

JCP&L PSE&G Rockland Electric

Atlantic City Electric

Other: _____

Account #: _____

Past Due Status: 45 days 60 days 90 days

Disconnection notice

Name of Natural Gas Company:

NJNG PSE&G Elizabethtown Gas

South Jersey Gas

Other: _____

Account #: _____

Past Due Status: 45 days 60 days 90 days

Disconnection notice

Are you a veteran or the spouse of a veteran: YES NO

Race: * This is voluntary information. It is compiled and recorded for statistical purposes only.

White/Caucasian Black/African American Hispanic-Latino Asian

American Indian/Alaskan Native Pacific Islander More than one race Other _____

By signing this application, I certify under oath that the information given in and attached to this application is true, complete and correct. I am aware and understand that if any information contained in or attached to this application is willfully false, that I am subject to criminal prosecution under N.J.S.A. Section 2C:28-2. I understand that I must provide the required documentation in order to proceed with the application process. I understand and acknowledge that additional documentation may be needed to determine or confirm my household's eligibility for assistance. I agree to cooperate with any reasonable requests to provide information and understand if such information is not provided it may result in the termination or suspension of my application. By signing this application, I authorize the Affordable Housing Alliance and/or its affiliate agencies to (1) contact my household's current utility provider on my behalf to arrange or attempt to arrange an assistance payment on my account, and (2) verify any information contained in or attached to this application.

Signature: _____ Date: _____

OFFICE USE ONLY

Document Checklist

- Social security cards
- Proof of residence
- Income documents
- Gas & Electric Bill
- Tax Return
- Driver's license

Process Status

- Verified Non LIHEAP/USF Status (date: _____)
- Verified Income Calculations (gross monthly amount \$ _____)
- Verified Utility Bill Payments
- Applicant Account past due or shut off notice issued
- Approved (Amount \$ _____ Gas Electric Both)
- Denied (Reason: _____)

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